

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sumit</i>		08-29-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	993	9-2-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 " _____ Allowed I _____ Interference
 - (Through numeral) ... Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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